



PLAYER TRANSFER FORM

This form **MUST** be completed & sent to the SANFL Juniors – no registration form required.

First Name

Surname

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Address

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Home Phone No.

Mobile Phone No.

Date of Birth

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Email address

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I, wish to apply for a transfer from (Club):

Which is affiliated with (League or Association):

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I last played with the above Club in
(state year in which last played):

I wish to play with
(state name of SANFL Junior Club):

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Have you previously played with the Club you are wishing to transfer to?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, what year?	
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State reason(s) for making this application:

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I declare that I am not a disqualified player with my previous club or League/Association and that the above information is true. I also understand that this application for a transfer is conditional upon being approved by my previous club or League/Association and duly endorsed by the SANFL Juniors

Signature of player

Signature of parent/guardian

Name of club official

Signature of Club official

Position of club official

____ / ____ / ____
Date

Form to be completed and returned to
SANFL Juniors, PO Box 606 Tynte Street North Adelaide SA 5006 or
sanfljuniors@sanfl.com.au